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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>A. P. Arora</i> Examiner's Signature	<i>ASK</i> Initials			

ADDRESS

000466

TITLE

Network settlement system and method

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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